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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

| Complete if Known Fee pursuant to the Consolidated Appropriations Act 2005 (Hz. 4816) FEE TRANSMITTAL For FY 2007 Examiner Name 2618 April 14, 2004 First Named Inventor Shikko YOSHIDA Examiner Name 2618 April 14, 2004 First Named Inventor Shikko YOSHIDA Examiner Name 2618 April 14, 2004 First Named Inventor Shikko YOSHIDA Examiner Name 2618 April 14, 2004 First Named Inventor Shikko YOSHIDA Examiner Name 2618 April 14, 2004 First Named Inventor Shikko YOSHIDA Examiner Name 2618 April 14, 2004 First Named Inventor Shikko YOSHIDA Examiner Name 2618 April 14, 2004 First Named Inventor Shikko YOSHIDA Examiner Name 2618 April 14, 2004 First Named Inventor Shikko YOSHIDA Examiner Name 2618 April 14, 2004 First Named Inventor Shikko YOSHIDA Examiner Name 2618 April 14, 2004 First Named Inventor Shikko YOSHIDA Examiner Name 2618 April 14, 2004 First Named Inventor Shikko YOSHIDA Examiner Name 2618 Shikko YOSHIDA 26 | Under the Pag | erwork Reduction Act of | 1995, no person are i | required to | respond to a collection | on of information | i unless it displays | a valid OMB (| control number. | | |
|---|---|---|-----------------------|-------------|---------------------------------------|-------------------|-----------------------|--|-----------------|--|--|
| Application Number | | Effective on 12/08/ | | | | | | | | | |
| First Named Inventor Shikio YOSHIDA | | | | | Application Number 10 | |)/823,574-Conf. #4815 | | | | |
| First Named Inventor | FFF TRANSMITTAL | | | | 1 11113 22 22 2 | | | | | | |
| Applicant claims small entity status See 37 CFR 127 | | | | | First Named Inventor Sh | | hikio YOSHIDA | | | | |
| METHOD OF PAYMENT (ebeck all that apply) | | FOR FY 20 | Examiner Name 26 | | 618 | | | | | | |
| Check | Applicant claims small entity status. See 37 CFR 1 27 | | | | Art Unit Zh | | hiyu Lu | | | | |
| Check Credit Card Money Order Other (please identify): X Deposit Account Deposit Account Number, 02-2448, Deposit Account Name Birch, Stewart, Kolasch & Birch, LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) X Charge fee(s) indicated below Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Application Type Fee (s) Fe | TOTAL AMOUNT OF PAYMENT (\$) 910.00 | | | | Attorney Docket No. 29 | |)36-0216PUS1 | | | | |
| Deposit Account Deposit Account Number Q2-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP | METHOD OF PAYMENT (check all that apply) | | | | | | | | | | |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee | Check Credit Card Money Order None Other (please identify): | | | | | | | | | | |
| Charge fee(s) indicated below Charge any additional fee(s) or underpayments of X Credit any overpayments | X Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP | | | | | | | | | | |
| X Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 X Credit any overpayments X C | For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | | | | | | | | | | |
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| 2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) HP = highest number of independent claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) Application and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof (round up to a whole number) Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 790.00 125.1 Extension for response within first month SUBMITTED BY Signature Registration No (Altorney/Agent) 19,382 Telephone (703) 205-8000 | Reissue | 300 | 150 | 500 | | | | | | | |
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| | | Rock Co. | Der #4 | 8222 | Registration No. (Attorney/Agent) | 19,382 | Telephone | (703) 20 | 5-8000 | | |
| | Name (Print/Type) | | | | · · · · · · · · · · · · · · · · · · · | | Date | May 14, | 2007 | | |